



Inspiring Children's Futures support(s) the Sustainable Development Goals

Inspiring Children's Futures

Supporting Children's Wellbeing During and Post-COVID-19: Insights from Kenya and South Africa

The International COVID 4P Log Project

LEARNING SERIES | **10** KENYA AND SOUTH AFRICA





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About the COVID 4P Log Project

COVID-19 has abruptly thrust the rights and wellbeing of children and families into greater risk around the world. The impact of COVID-19 on children continues to be vast. Risks posed to children's survival and development, to their special protections, education, health and access to food, for example, are being greatly compounded not only by COVID-19, but also by government responses.

With roughly a third of the global population estimated to be under age 18, children¹ account for a huge proportion of our population. Successful delivery of the 17 UN Sustainable Development Goals (henceforth 'SDGs'), which relate to all ages, heavily relies on our ability to effectively and robustly respond to the distinct needs and rights of children. Even prior to COVID-19, our global task to achieve these global goals by 2030 seemed daunting. In the light of COVID-19, achieving the SDGs is even more challenging.

To effectively mitigate the impact of COVID-19 in the light of protecting children's wellbeing, and ultimately for our collective societal future, policy and practice responses must be distinctively designed to address children's wellbeing needs.

Policymakers, and those working with children, are at the heart of pandemic responses as they continue to support children's wellbeing, rise to many new challenges, and respond in new, innovative and, in some cases, unprecedented ways. To address the impact of COVID-19 on children in the long term, the COVID 4P Log Project sought to better understand the changing demands on these policies and practices across different cultures and contexts, in 22 countries and five continents. In this report, these findings are applied to support future resilience planning in Kenya and South Africa.



The **Institute for Inspiring Children's Futures** is a joint initiative at the University of Strathclyde, Scotland, with a collective vision of ensuring that children and young people have what they need to reach their full potential, particularly those who face adversity.

We work in partnership with a wide range of partners nationally and internationally. Children's human rights and the UN Sustainable Development Goals are the heart of our work.

1. The term 'children' is used throughout to describe all those under the age of 18 years, in line with the CRC's definition of a child. Where 'young person' is used in the Report, this is reflecting that specific age group only.

THE SMARTPHONE APP



The COVID 4P Log is an Android and iOS smartphone app, free of charge to app users, that collected the real-time, anonymous views and experiences of practitioners and policymakers who were working across the globe to support children's wellbeing in the light of COVID-19. In answering a series of questions, these volunteer respondents helped us to better understand the ways practitioners and policymakers were responding to those challenges.

During the last quarter of 2020, practitioners and policymakers were invited to download the app to log a 2-minute response to one main question every day, for eight weeks. The questions were both practice and policy-focused, and based on the '4P' children's human rights framework of Protection, Provision, Prevention, and Participation, in order to better understand the ways practitioners and policymakers around the world were protecting children, providing for their unique needs, enabling their participation in decisions that affect them, and preventing harm, during the COVID-19 pandemic.

RESEARCH THEMES

The smartphone app explored respondents' views of several core areas:

1. Learning from the pandemic so far
2. Protection: Ending violence against children
3. Provision: Access to food, health, education
4. Collaborations, flexibility, transparency and trust: Applying evidence from past emergencies to COVID-19
5. Prevention: Children's social and emotional wellbeing
6. Special considerations: Justice, alternative care and disabilities
7. Participation: Responding to #COVIDUnder19-children and young people's findings
8. Preparing to rebuild post-COVID

OUR KEY PARTNERS

Our 17 international Key Partners range from capacity-building organisations, to international advocacy NGOs and service delivery partnerships, to the UN and other inter-governmental agencies. Their support and close engagement enabled the **Institute for Inspiring Children's Futures** to gather these important insights through the COVID 4P Log smartphone app. Their mention here does not imply endorsement of these findings.





PROTECTION
PROVISION
PARTICIPATION
PREVENTION

For the wellbeing of our *children*

Children’s human rights enshrined in the UN Convention on the Rights of the Child are sometimes summarised as the four P’s: Protection, Provision, Participation and Prevention. The COVID 4P Log uses this 4P conceptual framework to frame the questions we asked practitioners and policymakers. While the 4Ps are not all-encompassing, they offer an accessible lens through which to explore how practitioners and policymakers from different countries, sectors and organisations see children’s human rights being realised.

We asked about good practices, and innovations despite the challenges, that ensured children’s human rights were upheld across key aspects of children’s lives, in particular those of children whose rights are most vulnerable to being violated. In this project, we explore how practitioners and policymakers are upholding the 4Ps, with the following areas of focus:



PROTECTION

We explore children’s rights to protection from exploitation, violence and other abuses, and to effective and child-friendly interventions if these occur. Our questions seek to understand what concrete and effective measures have been enacted to protect children from violence during the pandemic.



PROVISION

We explore children’s rights to growth and development, including the right to food, health care and education, play and leisure, and provision of targeted assistance—including economic assistance—to families. We also ask about the special considerations for children living in exceptionally difficult conditions, in particular for children involved in justice systems, in alternative care, and with disabilities.



PARTICIPATION

We explore a child’s right to express their views freely, and to have their views given due weight when decisions are made that affect them. Children’s participation and intergenerational partnerships are essential ingredients for understanding the impact of COVID-19 on children’s wellbeing.



PREVENTION

We explore children’s rights to social and emotional wellbeing support. Isolation under COVID-19 has been a common reality for many, and social exclusion of children can undermine their wellbeing. Supporting children’s social and emotional wellbeing, and that of their families, can prevent further harms.



Foreword

It has been almost three years since the first wave of the COVID-19 pandemic hit the African continent. Amidst severe resource constraints and inequities in access to services, **the continent has shown resilience, togetherness and rapid learning in controlling the spread of the virus.** As pandemic recovery continues and emergency restrictions are eased in several countries, decision-makers are now turning to the challenges ahead. In addition to economic stabilization and health system capacity strengthening, governments are prioritizing mitigation of the negative long-term effects on public health and social justice. **Children should be at the centre of this recovery – they must be prioritised in planning and resource allocation,** particularly because children's wellbeing, development and protection have been rendered far more fragile during the pandemic. This will require supporting parents and caregivers, as well as empowering service-providers across key sectors such as social care, education, health and justice sectors to deliver timely, adequate and child-centred services.

Like other low-resource settings in sub-Saharan Africa and beyond, **Kenya and South Africa have faced unprecedented challenges to upholding children's right to protection and supporting their wellbeing.** Yet, both countries have exemplified agile adaptations in service delivery and community mobilisation. **Understanding, celebrating and scaling up this good practice are instrumental to ensuring a child-centred post-pandemic recovery.**

It remains as important as ever to monitor and reflect on country-specific emergency responses, the inevitable changes and gaps in services, and the impact of these on children, families and communities. **Embodying a communal, multi-stakeholder ethos and a strong human rights commitment,** research initiatives that are cross-continental and draw safely on innovative digital tools – such as Inspiring Children's Futures' COVID 4P Log for Children's Wellbeing – are well-positioned to **generate the kind of insightful and actionable evidence we need to meet urgent knowledge gaps.**

It is the hope of the Africa Advisory Group that deepening and sharing our learning from children's sectors during the pandemic will contribute to the **global cross-fertilisation of knowledge** – empowering parents and caregivers, advocates, practitioners and policymakers, and informing continued situational awareness to **ensure government, communities and families are well equipped to support and protect children, ahead of any future crises.**

Stella Ayo-Odongo
Director, Pathfinding
Global Partnership to End Violence Against Children
COVID 4P Log Steering Group Member

Dedication

Dedicated to the memory of Dr Violet Odala, an esteemed human rights advocate and policy researcher.

Dr Odala was a vital contributor to this Report, and we are deeply grateful for the knowledge and passion she shared with us.



About this Report

COVID-19 has dramatically altered the lives of children and families around the world, and the impact on children continues to be vast. It has posed serious risks to children's protection from violence and to their survival and development, with access to healthcare, food, and education all being restricted. To effectively mitigate the impact of COVID-19 in the light of protecting children's wellbeing, policy and practice responses must be distinctively designed to address children's wellbeing needs.

One hundred and five (43%) of all the respondents in the COVID 4P Log Project represent the sub-Saharan African region, mostly Kenya (60 respondents and 970 responses) and South Africa (41 respondents and 618 responses). Their responses have vividly demonstrated the unique and complex challenges to supporting children during this pandemic faced in the region, together with the agility and creativity harnessed by individuals, organisations and communities to uphold children's rights during this emergency, amidst a scarcity of resources.

Since 2020, many sub-Saharan African countries have continued to endure exceptionally challenging circumstances for practitioners and policymakers – posing deeply serious risks to children's rights and wellbeing. The prolonged nature of the pandemic and its impacts has also placed a severe strain on staff capacity and wellbeing. At the same time, those countries have demonstrated a distinct resilience to many of those challenges, which has manifested in numerous innovations and best practice adaptations.

New insights, energy and ideas are critical at this time.

Therefore, this Learning Report aims to distil the learnings from the COVID 4P Log relating to Kenya and South Africa, situate those within policy and practice developments and rising challenges since 2020, influence policy and practice in those two countries, and, more broadly, inform the cross-country transfer of knowledge arising from the pandemic.

The report is comprised of three parts:

- **Part One ('Overview of Findings from the COVID 4P Log Project')** presents the COVID 4P Log Project findings from the Kenyan and South African respondents, gathered in the last quarter of 2020;
- **Part Two ('A Policy Lens: Kenya and South Africa post-2020')** lays out the policy and service provision context and key developments in Kenya and South Africa since 2020;
- **Part Three ('Applying the Learnings from COVID-19 to Prepare for Future Emergencies: Africa Advisory Group Reflections')** presents the insights from the Africa Advisory Group gathered in 2022. These focus on applying the learnings from COVID-19 about key challenges and innovations to identify priorities for future emergency preparedness.

This report aims to generate new insights, and spark new questions and ideas to inform, equip and strengthen resilience to future emergencies in policy, services and practices for and with children and their families. This report is part of a series of Learning Reports documenting the COVID 4P Log Project findings. This COVID 4P Log Learning Report series aims to inform and equip those who seek to 'respond to children's distinct needs, and realise their full range of rights and opportunities, to achieve peaceful, just and inclusive societies for all'.²

2. Davidson, J.; Elsley, S.; Giraldi, M.; Goudie, A.; Hope, K.; Lyth, A.; Van Keirsbilck, B. (June 2019): Justice for Children, Justice for All: The Challenge to Achieve SDG16+ Call to Action. Glasgow: CELCIS - Inspiring Children's Futures, University of Strathclyde. <https://www.justice.sdg16.plus/justiceforchildren>

Respondents in this Report



Kenya

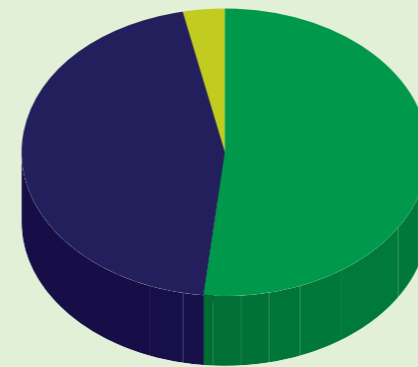


South Africa



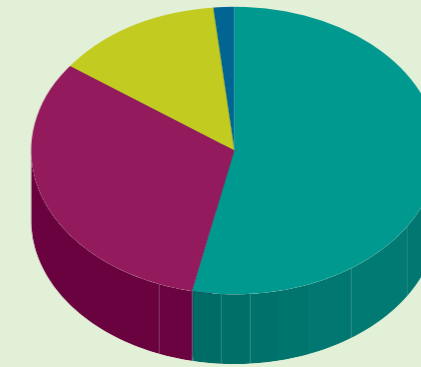
This report presents the COVID 4P Log findings from Kenya and South Africa. One hundred and one respondents, or 41% of all the respondents in the project, represented **Kenya (60 respondents and 970 responses) and South Africa (41 respondents and 618 responses)**. The Kenyan respondents worked in the Nyanza region (mainly in Kisumu); the South African respondents – in Western Cape, KwaZulu-Natal, Gauteng, Eastern Cape, Free State and Northern Cape. Most had 0-5 years of experience (49%) and 6-10 years of experience (35%).

Kenya



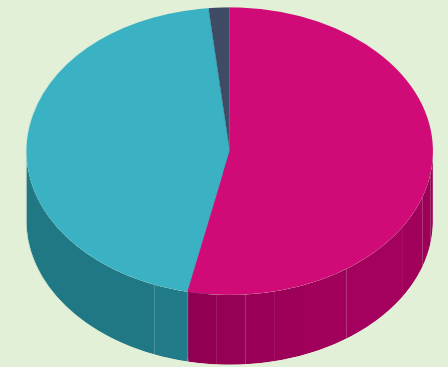
Respondents by Gender

Women	31
Men	27
Prefer not to say	2



Respondents by Role

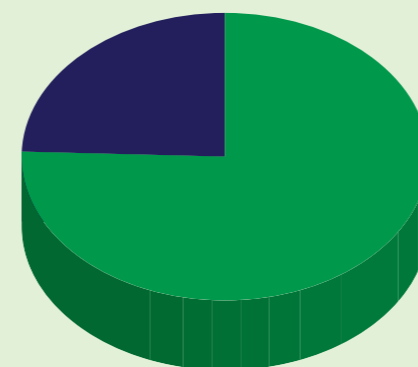
Direct Service Provider	32
Service Manager	19
Policymaker	8
Other	1



Supervise Staff

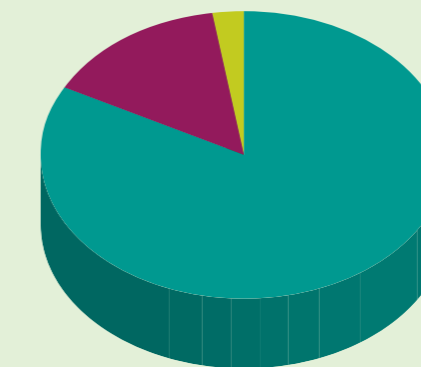
Yes	32
No	27
Unknown	1

South Africa



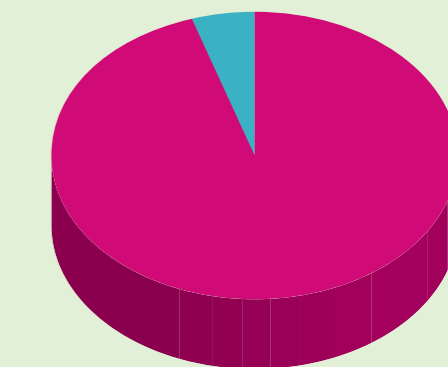
Respondents by Gender

Women	31
Men	10



Respondents by Role

Direct Service Provider	34
Service Manager	6
Policymaker	1



Supervise Staff

Yes	39
No	2

Almost all respondents worked at **NGOs** involved in a wide range of areas supporting children – including advocacy, child rights, education, health, community-based services, social services, child and youth care, children with disabilities, violence prevention and others. They described their roles as social workers, advocacy officers, project coordinators, managers, family support workers, child and youth care workers, case managers, data assistants, technical advisors, policymakers, counsellors, medical doctors, community organisers, teachers, community health workers, volunteers, mentors, peer leaders and others.



KEY MESSAGES:

Learning from the Pandemic: COVID 4P Log Findings from Kenya and South Africa in 2020

Service Provision for All Children During COVID-19: Challenges, Widened Gaps and Organisational Agility

Challenges and Widened Gaps:

- Respondents prioritised delivering health care, relief and COVID-19 protective equipment to meet the needs of communities, including children living with HIV and girls.
- A chief concern was the worsened socio-economic conditions for children living in poor and rural areas, in addition to rising food insecurity and the loss of livelihoods.
- Concerns were raised about children's increased exposure to unsafe content online. There was a concern whether the benefits of children's exposure to an unregulated virtual environment outweighed the benefits.
- Several respondents were concerned that children's views were not sought during the pandemic.

Adaptability and Learning:

- Respondents reported an increase in organisational agility, adaptability and learning during the pandemic.
- Televisits was one of the most common service innovations. Respondents reported using various tools such as video calls, text messaging and instant messaging applications.
- Advocacy for families' rights and basic needs represented a major part of respondents' work during COVID-19.

Protecting Children from Violence: Mitigation Efforts Amidst Structural Barriers

- During COVID-19, child protection issues were harder to detect.
- COVID-19 exacerbated the risk of teenage pregnancy, early marriages, child labour, school drop-outs and anti-social activities.
- Gender-based violence prevention measures were also reported such as the provision of shelter, alternative care, supportive policing and paralegal support, video counselling and hotlines, particularly in Kenya.
- Respondents engaged in educating children and caregivers about children's rights.
- Ineffective law enforcement, corruption and delays in the administration of justice were reported as major barriers in both Kenya and South Africa.
- Unsupportive or delayed police responses, together with a lack of escalation of child abuse issues by the community, were also highlighted as problematic.

Children's Access to Schooling, Health Care and Basic Necessities

Sustenance:

- Major concerns were raised about the worsened socio-economic conditions for children living in poor and rural areas as a result of the loss of livelihood.
- Respondents stressed that available sustenance support for children and families had not been sufficient.
- To ensure all families had access to basic necessities, community empowerment initiatives such as business boosts, cash transfers and support of kitchen gardens were reported, particularly in Kenya. However, such efforts were often insufficient to meet the need.

Health Care:

- Many children had experienced restricted access to vital health services such as antiretroviral medications.
- COVID-19 stigma and infection fear led to further isolation and inability to access healthcare services.
- Respondents reported prioritising healthcare and other basic needs support to vulnerable households, including children living with HIV, girls and other vulnerable groups. Ensuring children's continuous access to anti-retroviral medication was also most commonly reported in those two countries.

Schooling:

- School closures increased children's inactivity, boredom and exposure to violence at home.
- Inequities in the access to education were exacerbated by the transition to online learning – with poor families being severely disadvantaged.
- Respondents from Kenya reported a poor education infrastructure – including curriculum quality issues, staffing issues, violated policies and unpreparedness for online learning.

Impact on Children's Social and Educational Development:

- School closures, poverty and food insecurity were discussed as encouraging children's involvement in the informal economy and in anti-social behaviours – increasing their exposure to child labour, interpersonal violence and drug use, and hindering their educational development.

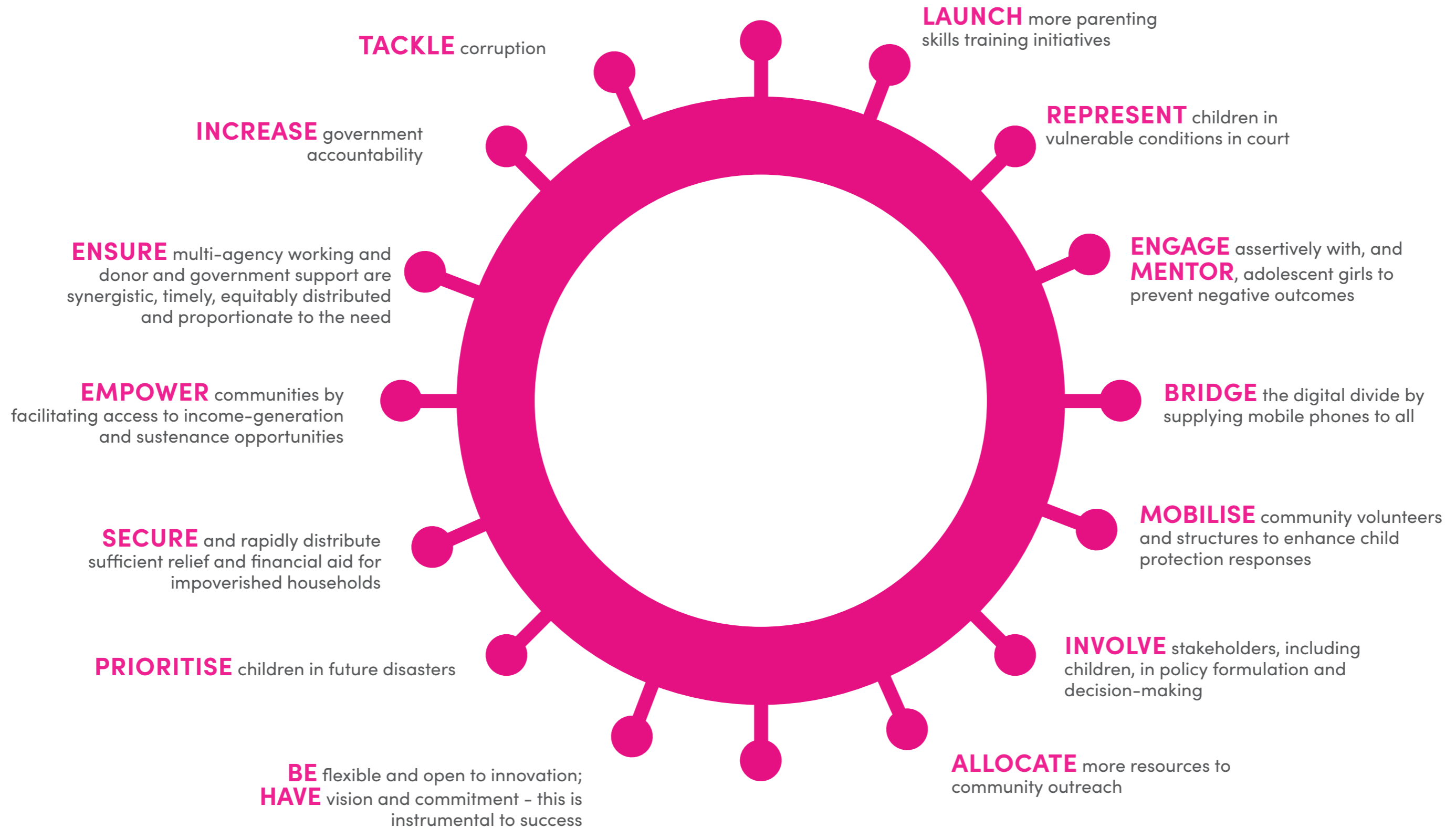
Lack of Priority Given to Children's Socio-Emotional and Mental Wellbeing

- School closures were reported to have significantly impacted children's mental and socio-emotional wellbeing, and led to learning and development gaps.
- Some respondents indicate there was a lack of integrated, collaborative approach to promoting children's socio-emotional wellbeing and development during COVID-19.
- Respondents from South Africa recommended better collaboration between social and health services, and schools.



KEY MESSAGES:

Immediate Actions: Priorities for Children's Wellbeing in Kenya and South Africa





KEY MESSAGES:

Applying the Learning from COVID-19 to Future Emergency Preparedness: Insights from the Africa Advisory Group

The pandemic brought child protection to the forefront of the emergency response, at differing paces across countries.

Policy responses will remain inadequate for as long as children remain peripheral to policy considerations. This learning can be applied now to build more effective policies across all of government.

1 Prioritising Children

Greater cross-sectoral collaborations for children took place as part of the pandemic response.

Understanding the drivers of improved cross-sectoral working, and how these can be maintained even when the impetus changes, will be crucial to sustain improvements. Children should be involved in those activities.

2 Cross-sectoral Collaboration

Virtual meetings helped maintain momentum and effectiveness.

However, overreliance on online meetings is not optimal as people struggle to remain focused. Striking the right balance between virtual and face-to-face approaches is needed for sustainability.

3 Working Remotely

The pandemic created the necessity to be innovative and creative.

The benefits of these innovations should be critically considered, and where positive, maintained to build future resilience. Harness the learning and apply these insights to leadership and advocacy activity. While it may be too soon to measure what will remain changed post-COVID, naming the positive changes will undoubtedly reinforce and help to sustain them in the long term.

4 Fostering Innovation and Creativity



Looking Back at the First and Second Waves of the COVID-19 Pandemic in Kenya and South Africa: Overview of Findings from the COVID 4P Log Project

This section presents key themes and selected quotes from the Kenyan and South African COVID 4P Log Project respondents. Those reveal their challenges to, and priorities for, supporting children's wellbeing during the pandemic, including ensuring access to basic necessities and protecting them from violence; hinderers and facilitators of organisational capacity; and innovations in service delivery during this period.

The complete project findings can be found at <https://inspiringchildrensfutures.org/covid-learning-reports>.

Overview of the Findings from the COVID 4P Log Project: Kenya



Challenges, Constraints and Consequences

Respondents from Kenya persistently highlighted several main barriers to the delivery of needs-led, child-centred care during COVID-19, along with the resultant poor outcomes for children. Specifically:

- Allocated funds were insufficient to meet all families' needs;
- Children's prolonged stays at home meant increased exposure to at-home violence;
- Movement restrictions prevented child and youth care workers from closely monitoring and engaging with children;
- Children's access to health care was severely restricted – resulting in, among other issues, children missing antiretroviral medications.

'The physical encounter with the children which is always the best way to monitor their progress was reduced to a minimum as through physical interaction you can be able to identify if a child has a problem through how they behave and thus be able to prompt them to open up about some of the challenges they are facing at home.'

Service Manager, NGO, Kenya

'The prolonged stay of children at home due to school closure posed the biggest challenge'

Direct Service Provider, NGO, Kenya

'The biggest challenge has been the disruption of the income generating activities that the families heavily depended on as their only source of income'

Direct Service Provider, Civil Society Organisation, Kenya

A cascade of negative outcomes for children was reported such as food shortages; neglected healthcare needs; child abuse; school drop-outs; child marriages and teenage pregnancies; participation in anti-social activities; and the 'silencing' of children's concerns:

'Children went with nothing to eat'

Direct Service Provider, NGO, Kenya

'in house violence caused them emotional and psychological violence.'

Direct Service Provider, NGO, Kenya

'Some sector like education have been mostly affected since schools were shut down due to the pandemic thus leading all children being retained at home with NOTHING to do.'

Direct Service Provider, NGO, Kenya

'Most caregivers lost their sources of livelihoods in one way or another and this has led to most families having access to a meal a day, unable to access quality healthcare services'

Direct Service Provider, NGO, Kenya

Respondents also highlighted the lack of equity in the

receipt of essential goods and services:

'Unable to serve 70% of children with services requested for'

Service Manager, NGO, Kenya

Apart from the distribution of relief, those inequities were starkly evident in children's access to schooling. Missing out on schooling as a result of both the sector's inability to adapt to the need for online learning and the lack of access to digital technologies in some communities led to numerous adverse outcomes beyond the learning gaps. For example, respondents were concerned about children's negatively affected social and emotional development; their exposure to prolonged boredom; lack of play time; and the exposure to unsafe and unregulated online content:

'It has affected child right to education, play time which contribute to their physical and emotional development. Most children cannot attend school.'

Service Manager, NGO, Kenya

'Most of the children have engaged in non productive activities due to idleness and there has been an increase of teenage pregnancies, drug abuse, violation of children's rights and increase in crime rates by young children'

Direct Service Provider, NGO, Kenya

'The online exposure to children is also having a negative effect on them, since they encounter adult content without supervision.'

Service Manager, NGO, Kenya

'How poor kids were unable to access online learning'

Direct Service Provider, Civil Society Organisation, Kenya

The gaps in education policies were also highlighted:

'No proper guidelines. Policies violated. Lack of preparedness'

Service Manager, NGO, Kenya

'The whole process was not well thought through and some children who's schools have been closed down again are disadvantaged since they will sit for the same examinations yet they are not continuing with their learning system'

Direct Service Provider, NGO, Kenya



Mitigation Efforts, Good Practice and Innovations

In the face of those complex and urgent challenges encroaching on children's essential rights, respondents and their organisations had to respond swiftly and flexibly. The most common examples cited were:

- Implementing 'televisits' via telephone or virtually;
- Training staff in COVID-19 safety procedures;
- Raising awareness of COVID-19, gender-based violence and children's rights;
- Distributing relief packs;
- Parenting skills training; and
- Expediting children's access to justice;
- Facilitating children's access to health care.

'Engagement with willing and able youths whom assisted in the dissemination of information and donations that enabled acquiring of PPEs.'

Direct Service Provider, NGO, Kenya

'Full empowerment of the staffs and community social workforce who are fully trained on COVID-19'

Direct Service Provider, NGO, Kenya

'male championing among male caregivers'

Direct Service Provider, NGO, Kenya

'Gender based violence training and shujaa'

Direct Service Provider, NGO, Kenya

'The good practice is that the paralegal will pick up any case referred [referred] and act accordingly reporting to policy, isolation and protection of victims as case is ongoing, referring for treatment if it needs treatment.'

Service Manager, NGO, Kenya

'All those who work with children eg CHVs and case workers have sole responsibility to monitor any form of Violence to children by linking them to law enforcement based at the community level. Cases reported are followed up to ensure justice is done'

Direct Service Provider, NGO, Kenya

'We have more reported cases of children defaulting treatment because of the movement restrictions and the number restrictions at the health facility'

Direct Service Provider, Civil Society Organisation, Kenya

Some respondents also reported economic assistance being made available to families and communities:

'Through the provision of the cash transfer and the business boost, the children have had some of their basic needs met. This has also reduced the GBV cases caused by financial pressures.'

Service Manager, NGO, Kenya

'Those who got it at least were able to meet basic needs for the family hence provision. These families also increased protection aspect as they do go out to look for ways to earn income. For long term prevention of children at risk, the caregivers started petty trading.'

Service Manager, NGO, Kenya

'Caregiver empowerment on how to make use of locally available materials'

Direct Service Provider, NGO, Kenya

'Provision of business boost and cash transfer to boost the emergency needs of the home.'

Service Manager, NGO, Kenya

Lessons Learned and Policy Priorities

The Kenyan respondents reflected on learnings from the pandemic, and identified priority actions for supporting children's wellbeing and upholding their rights. The main priorities concerned:

- The provision of adequate and well-distributed basic needs support;
- Eliminating child poverty;
- Embedding a 'needs-based' approach to service provision, with a special consideration of those in the most vulnerable circumstances;
- Economic assistance packages;
- The provision of child-friendly educational and recreational materials;
- Organising positive parenting training; and
- Escalating child protection issues quickly.

'Policies also need to support parental employment since it is key to fighting child poverty.'

Direct Service Provider, NGO, Kenya

'Need-based approach as far as we acknowledge that we deal with the most vulnerable & the children'

Direct Service Provider, NGO, Kenya

'Ensuring that children have access to adequate food and good health care. This is due to loss of livelihoods for most caregivers during this period.'

Direct Service Provider, NGO, Kenya

'Encourage and empower the community to use the locally available resources to produce items like mask and sanitizer, produce food from their gardens to supplement wellwisher's support.'

Direct Service Provider, NGO, Kenya

'Awareness creation on where and how to access some basic services; Provision of food items by Gok (Government of Kenya) and NGOs; Provision of business boost; Provision of cash transfers; Provision of story books/text books to keep children busy at home'

Direct Service Provider, NGO, Kenya

The respondents also highlighted the importance of continuing home visits; the proactive mentorship of youth, particularly girls; and creating child-friendly spaces:

'Continuous visit to households with positive OVC [orphans and vulnerable children] to ensure proper pill count is done'

Direct Service Provider, NGO, Kenya

'Be more aggressive in mentorship and support of adolescent girls, this would probably have helped or prevented the large numbers that are currently affected by unplanned pregnancy.'

Service Manager, NGO, Kenya

'Creating a room for every child to be a fellow child's keeper and report any awkward activity spotted to responsible caregiver or authority.'

Direct Service Provider, NGO, Kenya

Last but not least, respondents identified the need for involving stakeholders, particularly children, in decision-making:

'Stakeholders' involvement in policies formulation'

Direct Service Provider, NGO, Kenya

'Allowing children to be part and parcel of decision making on matters concerning covid - 19 prevention. Ensuring they actively participate in daily activities and let them speak on their own about matters affecting them during the period of pandemic'

Service Manager, NGO, Kenya

Overview of the Findings from the COVID 4P Log Project: South Africa



Challenges and their Impact on Children

The worsening of the socio-economic conditions for children and families during COVID-19 was a main source of concern, with many households losing their employment – leading to food insecurity and poverty. Moreover, governmental support was not sufficient to meet this growing need:

'The food parcels are not enough we still need more things to support them as we are living in a community of poverty'

Direct Service Provider, NGO, South Africa

'The socioeconomic issues that children living in poor and or rural areas faced. These were much exacerbated during this time. More unemployment and hunger. Government did not support with as much food parcels or other means as needed for all the people in need.'

Service Manager, NGO, South Africa

'Loss of income putting food on the table and protecting them with ppe'

Direct Service Provider, NGO, South Africa

'Food has been the most challenging because a lot of families had been retrenched and lost their jobs and not being able to get new jobs because of the pandemic. This has led to more food insecurity and poverty increased.'

Direct Service Provider, NGO, South Africa

The issue of food insecurity had become even more severe as a result of school closures and lockdowns, whereby access to essential goods and services was restricted.

School closures also increased children's exposure to violence in the home, and led to poorer mental well-being academic outcomes:

'Education there is range of issues such as feeling pressure with workload, non attendance or dropout and low performance.'

Service Manager, NGO, South Africa

'Also increased GBV in home and domestic violence or child protection issues for the hard lockdown when people started at home.'

Service Manager, NGO, South Africa

The lack of access to digital devices and the education sector's inadequate preparedness perpetuated those issues:

'Then other challenge was disruption in their routine. schools disrupted and they were confused and anxious and scared. we did a quick feedback exercise from youth we serve and those were some of the feedback given. the education department also sent mixed guidance and messages. Lastly even though virtual connection was useful there were youth who could not participate as just have no access to phone or data. This also made it impossible for them to do remote learning with school so the orphaned

and poor learners were very much impacted with now challenges linked to school drop out as we see increases non attendance across the country including our programmes.'

Service Manager, NGO, South Africa

The respondents also indicated that child protection risks had increased during the pandemic as a result of the socio-economic pressures, movement restrictions, lack of monitoring, and school closures:

'Children being harmed by adults in the various forms. This as a result of increased poverty and resultant increase in the stress that comes with this.'

Direct Service Provider, NGO, South Africa

'We couldn't make home visits to check if our beneficiaries are doing well.'

Direct Service Provider, NGO, South Africa

'One of the children we service was lock in an old fridge by his mothers live in partner.'

Direct Service Provider, NGO, South Africa

Respondents also attributed children's increased exposure to harm in the home to the inability to carry out home visits and to the inadequate coordination with the police service and other government bodies:

'During covid19 we were unable to do home visits so we couldn't engage and work in the life space of our beneficiaries, yes we did virtual connections to check up on them but that was not enough to assess the situation they're in during this global pandemic. In our work line we only experience challenges to protect them when they relocate to another place without informing you because you can't tell if they are safe and not experiencing violence'

Service Manager, NGO, South Africa

'The first is linked to responses of other workers where needed like police for example or social workers or even our workers who were not working for some reason'

Service Manager, NGO, South Africa

'I did not experience a lot of challenges it is just the delay on updates on cases from SAPS [South African Police Service]'

Direct Service Provider, NGO, South Africa

'Not all CBOs [community-based organisations] which employ workers were open as government delayed responses. Not all workers were on top form like some examples of police and social workers and even care workers in some instances. This time called for efficient responsive services and not a drop in them I bele9ve.'

Service Manager, NGO, South Africa



The insufficient funding and organisation capacity, and households' lack of access to digital devices, further inhibited the delivery of good practice:

'No phones or technology for children and caregivers so cant access check in etc. Funding and capacity building of workers and good monitoring and evaluation tools'

Service Manager, NGO, South Africa

Effective Responses and their Facilitators

Respondents made efforts to mitigate those restrictions and risks by adapting current practice and implementing new approaches. Most commonly, this involved:

- Delivering a range of services online and remotely;
- Delivering food parcels and advocating for families in need of food and other basic necessities;
- Monitoring children's treatment adherence;
- Disseminating COVID-19 prevention information;
- Training child and youth care workers;
- Helping children with schoolwork;
- Engaging children in recreational activities.

'Being able to screen in the communities for covid 19 Advising families via SMS and calls on how to prevent themselves from contracting Covid 19'

Direct Service Provider, NGO, South Africa

'virtual child protection services or check ins'

Service Manager, NGO, South Africa

'My organization did virtual work with youth children and families since we could not go out... We made sure all youth children families felt and are supported through calls messages and WhatsApp group work... We made sure all are aware of how they should keep safe and we advocated for families that were in need of food for food parcels.'

Direct Service Provider, NGO, South Africa

'Yes, Child care workers and other community cadre of workers have been able to provide services virtually especially to children on ART'

Service Manager, NGO, South Africa

'Yes there is a programme that was designed to assist child and youth care workers while working under lock down situations. It was called Child and Youth Care Workers Response to Covid19 [...] It provided tools that the child and youth care workers could use while connecting with families via social media platforms and also had built in methods for counselling children in private. Some of the tools included budgeting, parenting skills and how to keep the young people busy. Children were assisted with school work and also provided with means to request time for counselling. This programme prevented a child from suicide.'

Direct Service Provider, NGO, South Africa

Key facilitators of this good practice were: 'organisational vision and commitment'; good relationships with multi-disciplinary teams, the government and other NGOs; supportive policing; the status of child workers in the country; continued funding and fund-raising; and others:

'Continued funding, fund raising new areas, relationships with government for resources or local places etc where resources pooled from, organisational commitment and leadership, recognized child and youth care workers that were deemed essential worker during lockdown to still SB able to work'

Service Manager, NGO, South Africa

Policy Priorities

Respondents identified key learnings and priority areas for better supporting children's wellbeing – including prioritising children; supplying sufficient relief support; adequate economic assistance for families; higher government accountability; a better resourced education system; and a stronger focus on prevention and early intervention.

'Children need to be first priority when it comes to disaster. If parents lose jobs, children suffer. There should be income for such things in companies.'

Direct Service Provider, NGO, South Africa

'Most services were rendered by NGO's and NPO's. Less corruption from government would have allowed more services to those who need it the most.'

Direct Service Provider, NGO, South Africa

'The fact that when in crisis, people step up and do what they can to help those in need.'

Direct Service Provider, NGO, South Africa

'Since most schools used online line learning, not all schools and children have used a computer or many of the other technology, so this makes it difficult for them to learn. Also having schools that do not have the resources also limits or puts restrictions to learning.'

Direct Service Provider, NGO, South Africa



Realities of Service Provision in Kenya and South Africa During COVID-19

'Children missing food and other basic needs. Missing food which often resulted in missing drugs'

Direct Service Provider, Civil Society Organisation, Kenya

'Some of the children, especially from the impoverished households cannot access E learning platforms.'

Service Manager, NGO, Kenya

'We couldn't make home visits to check if our beneficiaries are doing well.'

Direct Service Provider, NGO, South Africa

'Lack of sufficient funds to help some suffering families during the hard times of covid 19'

Direct Service Provider, NGO, Kenya

'In paper practices are written but implementation will be done after you have fought.'

Direct Service Provider, NGO, South Africa

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Child Protection During COVID-19: Risks and Mitigation Efforts

'Children being harmed by adults in the various forms. This as a result of increased poverty and resultant increase in the stress that comes with this.'

Direct Service Provider, NGO, South Africa

'The effects of exposure to unregulated online contents outweighs the benefits.'

Service Manager, NGO, Kenya

'A lot of children have fallen into the wrong hands in the name of being helped and as a result teenage pregnancy has been on the rise'

Service Manager, NGO, Kenya

'Poverty, cultural practices and corruption are among the barriers'

Direct Service Provider, NGO, Kenya

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Good Practice in Kenya and South Africa

'The introduction of TELEvisit made my work easier since I would be able to know how children are doing through telecommunication.'

Service Manager, NGO, Kenya

'We did a quick feedback exercise from youth we serve and those were some of the feedback given. [...]'

Service Manager, NGO, South Africa

'Education about their rights, giving them room for sharing, directing them to places where to report.'

Direct Service Provider, NGO, Kenya

'Engagement with willing and able youths who assisted in the dissemination of information and donations that enabled acquiring of PPEs.'

Direct Service Provider, NGO, Kenya

'As an organization, we have been able to provide business boost and cash transfers to households. They have used this money to expand their existing small businesses [...]'

Direct Service Provider, NGO, Kenya

'Support of children at clinics'

Service Manager, NGO, South Africa

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Respondents' Priorities and Lessons Learned

'Need to have a county or country tailored child policy that guides all sectors towards support of children's protection, provision, participation and prevention to help the sectors better outcome.'

Service Manager, NGO, Kenya

'If the caregivers all had phones, our organisation would have called all them more regularly. If funds were available all vulnerable OVC should have been considered with service and not only the vulnerable Households who have children living with HIV/AIDS'

Service Manager, NGO, Kenya

'Lobby with the government to put measures to ensure that children have access to good food, receive protection against child abuse and neglect, have continued access to child physical and mental health services, and can navigate safely on the internet.'

Direct Service Provider, NGO, Kenya

'Children need to be first priority when it comes to disaster. If parents lose jobs, children suffer.'

Direct Service Provider, NGO, South Africa

'Most services were rendered by NGO's and NPO's. Less corruption from government would have allowed more services to those who need it the most.'

Direct Service Provider, NGO, South Africa

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The Centrality of Collaboration and Participation

'Stakeholders involvement in policies formulation'

Direct Service Provider, NGO, Kenya

'The fact that when in crisis, people step up and do what they can to help those in need.'

Direct Service Provider, NGO, South Africa

'Allowing children to be part and parcel of decision making on matters concerning covid - 19 prevention. Ensuring they actively participate in daily activities and let them speak on their own about matters affecting them during the period of pandemic'

Service Manager, NGO, Kenya

'Like-minded stakeholders working for the children should partner and synergize their efforts for the benefit of serving the children.'

Service Manager, NGO, Kenya

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Part 2

A Policy Lens: Kenya and South Africa post-2020

This section lays out the policy and service provision context in Kenya and South Africa since 2020, to help contextualise both the learnings from the COVID 4P Log and the Africa Advisory Group recommendations. It examines the different policy approaches undertaken in the two countries in response to the COVID-19 pandemic in so far as children were concerned.

While in Kenya the education policy seems to have functioned as a key driver of crisis management, in South Africa, the Disaster Management Act was the basis on which a number of COVID-19 regulations and directives were issued by various departments which had an impact on child protection.

A Policy Lens: Kenya and South Africa post-2020



The accumulated learning during COVID-19 has highlighted the need to prioritise child-centred policies that help build resilient environments in which children thrive in the midst of adversity and shocks.

At the onset of the COVID-19 pandemic, it was rightly determined that children were not the face of the pandemic due to their relatively low risk of COVID-19 mortality, but that they risked being among its biggest victims (UN, 2020). This was so because the pandemic had a profound effect on their wellbeing due to the immediate socioeconomic impact of measures to stop transmission of the virus and end the pandemic; and the potential longer-term effects of hindered implementation of the Sustainable Development Goals (UN, 2020). The need to prioritise policies on children in order to build resilient environments in which children can still thrive in the middle of adversity and shocks.

The pandemic has presented an opportunity for governments to undertake a cross-sectoral look at policy as a key approach to public health crisis management. This was because, in trying to manage the fast and grave impact that the pandemic had on virtually all government systems, it became clear that disaster risk reduction and management policies alone could not be relied on to manage the pandemic. This was even more evident with regard to child protection and well-being. Questions were asked as to which ministries could best lead effective service delivery to children during the crisis while also ensuring their protection from harm, abuse and exploitation.

The impact of the COVID-19 pandemic illustrated the importance of building on existing policy frameworks for emergency response to strengthen crisis and risk management, ultimately building stronger, more equitable, and more resilient child protection systems (UNESCO, 2022). Research since 2020 has exposed gaps in comprehensive actions to mitigate against the immediate and long-term harms of public health emergencies on children, together with an inadequate focus on prevention (Fong & Iarocci, 2020; Katz et al., 2021).

Building on the COVID 4P Log Project findings overviewed in 'Part One', this section outlines how the governments of Kenya and South Africa have responded to the pandemic through policies on child wellbeing and protection.





Kenya

As with many other countries, when the pandemic erupted, the Ministry of Education (MoE) viewed it as a health crisis in which schools were closed for an extended period, with adaptations such as online learning being unable to reach all the learners. It then became clear that it was also an education crisis (UNESCO, 2022). Since this delayed realisation, the MoE worked in collaboration with the Ministry of Health to develop policy responses for children, guided by its commitment to provide quality, equitable, and inclusive education and training before, during, and after the disaster.

The MoE and the UNESCO International Institute for Educational Planning (IIEP-UNESCO) compiled a list of relevant education policies, plans, and guidelines for crisis management (UNESCO, 2022). In examining the tools and approaches already in use, they found them lacking in many respects, including a lack of effective dissemination of the Education Disaster Management Policy (2017). It was concluded that the means and mechanisms that had been put in place for crisis management by March 2020 were only useful in responding to localized emergencies and not sufficient for addressing the scale and system-wide impacts of COVID-19.

With the education policy functioning as a key driver of crisis management and coordination through the COVID-19 pandemic response, in May 2020, the MoE developed the Kenya Basic Education COVID-19 Emergency Response Plan (UNESCO, 2022). The plan set out Kenya's response to the COVID-19 emergency in order to enable learning to continue, and to mitigate the impact of the pandemic on the provision of quality education.

Due to the interconnected nature of the areas in which children were affected, in September 2020, the MoE, in collaboration with the Ministry of Health (MoH), developed Guidelines on Health and Safety Protocols for Reopening of Basic Education Institutions amid the COVID-19 pandemic. These were aimed at ensuring that learning continued during the pandemic. They outlined modalities of provision of accessible, quality, equitable, and inclusive education and training to all Kenyans during and after the pandemic, while observing public health measures. The Guidelines also facilitate the production of online teaching and learning materials and sought to expand existing remote-learning programmes to ensure access to learning opportunities.

An enabling factor for MoE leadership was the involvement of the highest levels of government and political support eventually given to education, as well as the adoption of a consultative process involving the MoE, the MoH, the Ministry of Information (MoI), and the Presidency in decision-making around sensitive issues, like the reopening of schools.

Previously, in 2008, the Government established an Education in Emergencies (EiE) desk within the MoE, to enhance emergency prevention, preparedness, response, and recovery, to coordinate with other agencies and enable policy dialogue, design, and provision of interventions. The EiE formed an important basis for the further developments that was clearly needed in the light of the pandemic.



South Africa

In South Africa, once a National State of Disaster was declared in March 2020 under the Disaster Management Act 57 of 2002, a number of COVID-19 regulations and directives were issued by various departments under this Act. These were intended to protect children from abuse and neglect by various departments which, apart from protecting physical health, would also aid the continued legal and statutory protection of children at risk of abuse and neglect (Fouche et al., 2020).

However, in the initial stages of the lockdown, the Department of Education issued no regulations under the Act, despite the suspension of school-based feeding schemes due to the school closure. Eventually, the Department of Social Development and the Department of Basic Education were given a mandate by the Minister of GOGTA to issue sectoral standards for the protection of children from the harms of COVID-19 (Dept. of GOGTA, 2020). These included: addressing children's emotional and social needs; and the protection of physical health through instructing the Departments of Health and Social Development to provide directives for the provision or maintenance of essential health and social services such as access to medical services, hospital supplies and medicines (Dept. of GOGTA, 2020).

Although the Department of Home Affairs suspended most of its services during the initial period of strict lockdown, it continued to issue birth and death certificates and registration of births, an essential service that gave children access to basic health services (Dept. of Home Affairs, 2020).

In the justice system, in-person court appearances for children in conflict with the law were suspended. Family law matters and cases involving children were prioritised, and courts were allowed to consider matters pertaining to the safeguarding of children even though certain court operations were halted.

Importantly, the delivery of care services and social relief of distress services for children were declared essential services and a social worker's report was deemed sufficient authorisation for admission to treatment centres (Dept. of Social Development, 2020).





Part 3

Applying the Learnings from COVID-19 to Prepare for Future Emergencies: Africa Advisory Group Reflections

To contextualise and complement the COVID 4P Log findings, the project team convened an Africa Advisory Group meeting in the second quarter of 2022 comprised of key stakeholders from Kenya and South Africa and international organisations (See 'Acknowledgements').

Their reflections on their learnings from the pandemic, and the changed ways of working, resonated with the key findings from the COVID 4P Log ('Part One') and the policy insights uncovered during the brief policy review ('Part Two').

This section therefore presents the insights from our Africa Advisory Group regarding key challenges, innovations, learnings and priorities for rebuilding efforts post-COVID-19.

Together, the Advisory Group explored how the COVID-19 pandemic had shaped the policy and practice responses in Kenya and South Africa, and considered how best to apply this learning to inform future emergency preparedness. The following reflections emerged.

'Being part of this initiative has enabled us understand firsthand experiences of young people during the pandemic.'

Patrick Onyango, REPSSI

Applying the Learnings from COVID-19 to Prepare for Future Emergencies: Africa Advisory Group Reflections

'The pandemic brought child protection to the fore of emergency responses. It became governments' single most important national agenda.'

(Shimelis Tsegaye, African Child Policy Forum – ACPF)

'The COVID-19 pandemic is an emergency that brought everybody back together.'

(Stella Ayo-Odongo, Global Partnership to End Violence Against Children)

Increasing Cross-sectoral Coordination

The policies and organisational structures in place had not anticipated these emergencies. Response measures had to be applied using whatever resource was available. Flexibility became key.

The pandemic brought changes to the ways of working. In particular, effective cross-sectoral coordination became a requirement for a holistic response. At the start of the pandemic, the main point of contact was the Ministry of Health; however, they had limited knowledge of children's rights. The brunt of the coordination fell on the Ministry of Health, and cross-sectoral approaches were not initially implemented.

As the pandemic's impact on various sectors became apparent, more and more ministries became involved. The pandemic brought together the leaders and other decision-makers to begin to plan together. Coordination eventually caught up and became cross-sectoral, which improved the response for children and the day-to-day implementation of policy. The pandemic revealed that children's issues are not just the preserve of children's ministries. Other ministries must also implement their programs with a children's lens considering that all government action must be done in the best interests of the child.

As a result, there is now sharper cross sectoral awareness than before. However, this has still to mature and still to be embedded in processes in a

sustained way. For example, in South Africa, integrated collaboration is continuing, and the government is promoting a district development model as their framework.

'The pandemic revealed that children's issues are not just the preserve of children's ministries. As such, capacity building on child protection across sectors is critical as part of emergency preparedness and early warning.'

Stella Ayo-Odongo, Global Partnership to End Violence Against Children

For future emergency preparedness, efforts are now needed to embed and sustain cross-sectoral responses for children, and address gaps in response efforts. For example, cross-sectoral, interrelated issues meant that there was limited expertise on effective responses within each Ministry. The cross-sectoral collaboration eventually worked better during COVID due to the focused pressure from partners. The key question now is how to sustain this momentum and not return to previous, siloed ways of working.

'We have learned that young people are keen to share their experiences. They are a key resource in planning any intervention that affects them.'

Patrick Onyango, REPSSI

This indicates that future emergency preparedness will need:

- Capacity-building across sectors for preparedness, including within the private sector.
- Strategic leadership to systematically embed greater cross-sectoral collaboration. At the moment, promotion of collaboration appears to be ad hoc; yet, this needs to be systematised, and integrated into the institutional infrastructure.

'As a global problem, no country was isolated. What happened in one country had an impact on others, hence there was a lot of sharing information and cross fertilization of ideas as well as cross country learning globally was essential.'

Shimelis Tsegaye, African Child Policy Forum – ACPF

Creativity and Innovation in Policymaking and Programming

Greater innovation and creativity emerged out of necessity across multiple areas during the pandemic. Scaling up and sustaining these will build future resilience.

'There was a convergence of innovation, ideas, and wanting to work together. Solutions to emerging situations had to be made fast and in a coordinated way.'

Zeni Thumbadoo, National Association of Child Care Workers, South Africa

'Most laws and policies did not anticipate emergencies and measures in terms of response and recovery so response mechanisms had to work with available structures while developing new guidelines and policies.'

Shimelis Tsegaye, African Child Policy Forum – ACPF



Solutions and Approaches that Worked during COVID-19

The following approaches have shown promise for future emergency responses:

- Strategic layering of interventions enabled the pragmatic combination of responses (for example, to HIV, to gender-based violence (GBV), to COVID, with local stakeholders). This ‘piggy back’ approach to solutions meant that new areas of delivery could be added to existing programmes (for example, information-sharing regarding alcohol and GBV was added to the National Association of Child Care Workers (NACCW) programming in South Africa);
- The designation of child and youth care workers as essential workers was a key enabler of swift and effective responses and a recognition of their vital role in supporting children’s wellbeing during emergencies;
- Online information-sharing, coordination and integrated working approaches.

‘Virtual meetings helped to maintain momentum and effectiveness’

Simon Peter Otieno, Make Me Smile, Kenya

- WhatsApp groups were useful for debriefing and connection. Staff were able to share real-time pictures of what they were doing;
- Availability of smartphones in the community facilitated innovations;
- Virtual safe spaces and sessions for children, monitored by child and youth care workers helped children cope in Kenya;
- The responses also included attention to caring for caregivers, for example:
 - Psychologists’ virtual sessions for trauma assessment;
 - Innovations in drugs provision by home delivery;
 - Home-based care was based locally so that staff from other places did not have to travel.

‘Policies on case management were redefined to suit future crises.’

Simon Peter Otieno, Make Me Smile, Kenya)



Factors Supporting More Effective Cross-sectoral Working, and Other New Practices Emerging through COVID

The Advisory Group highlighted the following good practices:

- Funders were open to doing things differently and more quickly. They released funds and had flexibility with funded projects’ budget lines (for example, using funds allocated for travel to other spend areas).
- Effective leadership in this emergency first participated, engaged, and listened; and then directed the next steps clearly.
- Advocacy messages for policymakers enabled effective policy changes when policy leaders and high-level decision-makers had to take action;
- Where there was a gap, this was also viewed as an opportunity for change and innovation.

‘The magnitude of the problem created the necessity to be innovative. The numbers were worrying, the statistics were important’

Stella Ayo-Odongo, Global Partnership to End Violence Against Children

‘COVID leadership and high-level decision-makers had to take action; advocacy messages for policymakers made change—the right message the right people.’

Zeni Thumbadoo, National Association of Child Care Workers, South Africa

Empowering Staff

Stakeholders highlighted the importance of building and supporting the resilience of those working with children and families, and the value of doing more of what nurtures and empowers staff. Several factors led to staff feeling empowered in the context of the pandemic:

- Having participated in creating ways of responding to the pandemic, staff were encouraged to reach out, and they came out feeling empowered to have contributed to the process.
- Organisations provided tools (such as PPE and digital devices) and information in a timely manner to ensure that work continued and working spaces were kept safe.
- There was creativity in terms of the delivery of drugs, ensuring access to basic necessities through the use of coupons, or home delivery services, while maintaining social distance and observing the measures laid down by government.
- Organisations empowered the community with information - for example, by using points for fetching water in the community, to disseminate messages.
- Work usually undertaken by government workers was undertaken by community workers following training, and hence they felt empowered. For example, community health workers received home-based care training.

‘Having participated in creating ways of how to respond to the pandemic, staff came out feeling empowered to have contributed to the process, and funders’ flexibility with budgets empowered staff to redirect the funds to the most needed services.’

Zeni Thumbadoo, National Association of Child Care Workers, South Africa



A Note of Caution

While the smartphone app survey generated useful insights into the respondents' work in relation to children and families, the findings should be interpreted with caution due to a number of factors.

- The numbers of respondents are modest, so the findings may not be representative of the experiences and challenges faced in those countries or sectors.
- The survey engaged practitioners and policymakers only. The findings may not reflect children's or their caregivers' views.
- The findings reported here have been produced by the COVID 4P Log research team and, due to the format of the smartphone app survey, the findings cannot be shared with the respondents for commentary or review.
- The findings are derived from a short-form survey and lack context. Respondents' engagement with the survey varied, which may have affected the completeness of the data.
- We are aware some respondents had difficulties with engaging with the app due to workload pressures and technical issues, which might have affected their response rates.



About this Report

This Learning Report has been produced by the Institute for Inspiring Children's Futures at the University of Strathclyde, Scotland, UK. Inspiring Children's Futures, with its many partners, has a strong track record of multi-level, multi-sector global engagement, policy development and practice improvement.

This Learning Report is part of a series of reports on the findings of the COVID 4P Log smartphone app survey. Together, the reports from this series form the second of a three-part 'Inspiring Children's Futures in Light of COVID-19' programme.

This programme is gathering evidence on protecting children's wellbeing in past epidemics; informing better policies and practices throughout the COVID-19 pandemic; and influencing change in the long shadow that COVID-19 will cast over the recovery phases ahead.

With our partners, we are strengthening global, national and local approaches to ensure that we are collectively delivering on the Justice for Children, Justice for All SDG 16+ Call to Action to 'respond to children's distinct needs, and realise their full range of rights and opportunities, to achieve peaceful, just and inclusive societies for all'.¹

1. <https://www.justice.sdg16.plus/justiceforchildren>

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